Keeping Up With COVID Therapeutics Part 1 - Monoclonal Antibodies (mAbs)

Tixagevimab/cilagavimab (EVUSHELD)

Mechanism of Action

• Long-acting recombinant human IgG1kappa mAb derived from B cells donated by patients after SARS-CoV-2 virus; bind to SARS-CoV-2 spike protein, thus blocking virus attachment

Indication

- Pre-exposure prophylaxis in adults and pediatrics (≥12 years, weighing at least 40 kg)
 - Not currently infected and no known recent exposure
 - Moderate-severe immunocompromised
 - Those not able to mount adequate immune response from vaccination
 - NOT a substitute for vaccination

Dosage/Administration (adults and peds)

- Tixagevimab 150mg IM and cilgavimab 150mg IM administered as separate, consecutive injections
- Administer at least 2 weeks after COVID-19 vaccination
- PROVENT trial indicates effectiveness for 6 months

Warnings/Precautions

- Monitor individuals after injection and observe for at least 1 hour
- Cardiovascular Serious Adverse Events (SAEs)
 - SAEs include myocardial infarction (1 fatality during trials) and cardiac failure however these patients had underlying cardiac risk factors or history (relationship has not been established)
- Renal impairment unlikely; hepatic impairment unknown

Pregnancy/Lactation

Insufficient data (IgG1 antibodies known to cross placenta, benefit/risk unknown)

•

Sotrovimab

Mechanism of Action

• Recombinant human IgG1kappa mAb; binds to spike protein; inhibits an undefined step before fusion of virus to cell membrane

Indication

- <u>Treatment</u> of mild-moderate disease in adults and pediatrics (≥12 years, weighing at least 40 kg) with positive COVID-19 test result, and those who are at high risk for severe disease progression (hospitalization or death)
- NOT authorized for: patients hospitalized with COVID-19, require oxygen therapy for COVID-19, require an increase in oxygen flow rate because of COVID-19 (were previously on oxygen)
 - Treatment benefit not observed in hospitalized patients with **severe** infection

Dosage/Administration (adults and peds)

- 500mg as a single IV infusion
- Administer ASAP after positive test result and within 10 days of symptom onset

Warnings/Precautions

- Monitor individuals after injection and observe for at least 1 hour after infusion is complete
- Renal impairment unlikely; hepatic impairment unknown
- Infusion related reactions fever, chills, fatigue, chest pain, weakness, headache, difficulty breathing, arrhythmia, hypotension, altered mental status, difficulty breathing

Pregnancy/Lactation

- Insufficient data (IgG antibodies potential to cross placenta, benefit/risk unknown)
- Maternal IgG known to be present in breast milk

Unavailable mAbs

- FDA revised EUAs for <u>bam/ete</u> and <u>REGEN-COV</u>
 - Limits use to only patients who are likely to have been infected with or exposed to a variant susceptible to these treatments
 - o Data show treatments unlikely to work against Omicron
 - o Treatments not currently authorized for use in any US states, territories, jurisdictions
 - o Products must be used in accordance with EUA guidance
- Alternative therapies remain: EVUSHELD, Sotrovimab

Implementations in Practice

Considerations for implementation:

- Practice Model
 - a. Refer patients to administration sites
 - b. Administer directly at practice site
 - i. Appropriate space for administration
 - ii. Need to consider space for observation period
 - iii. Appropriate staff on-site to administer
 - c. Storage
- 2. Billing for administration
- a. <u>Coverage of Monoclonal Antibody Products to Treat COVID-19</u>
- b. CMS: Medicare Reimbursement for Monoclonal Antibody Administration

How to access these therapeutics as a provider:

- 1. Complete enrollment survey
- 2. Review compliance and reporting requirements
- 3. Order through VaMax

Resources

VDH COVID-19 Therapeutics

VDH COVID-19 Treatment Locator Tool

EVUSHELD Fact Sheet for Healthcare Providers

<u>Sotrovimab Fact Sheet for Healthcare Providers</u>

Outpatient Therapeutics Decision Guide for Providers